SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COLUNTY WISCONSIN

 $\subseteq$ 13 2012

Permit #: Refund: Amount Paid: 718 15.00 19.00 10.00 211511E (EMILKE)

×		n)	Conditional Use: (explain)	T
×		(explain)	$\downarrow$	
×			$\bot$	
,		Accessory Building Addition/Alteration (specify)	☐ Accessory Bu	
×  >		ilding (specify)	_	☐ Municipal Use
32 × 40		Addition/Alteration (specify) and Story	Addition/Alt	
×		or steeling 4		
×	& food prep facilities) (	Garage	;	Commercial Use
×		with (2 <sup>na</sup> ) Deck	W	1 1
×		with a Deck	W	
: ×		with (2 <sup>nd</sup> ) Porch	W	> Residential Use
		with Loft		
×		Residence (i.e. cabin, hunting shack, etc.)	Residence (i.e	
Vimensions		Proposed Structure  Proposed Structure  Proposed Structure		Proposed Use
neigitt	Width: 40			Proposed Construction:
Height:	Width: 36	Length:	if being applied for is re	Everting Christiage: (If permit being applied for is relevant to it)
	None			
	☐ Compost Toilet	Foundation		Property
contract)	☐ Portable (w/service	No Basement		Rejoca
Vaulted (min 200 gallon)	Privy (Pit) or	2-Story	7 8	58,000 Conversion
cify Type:	Sanitary (Exists)	+ Loft X Year Round		
Specify Type:		□ Seasonal □		□ New C
Type of nitary System property?	he at:	# of Stories and/or basement  # bedrooms	Project # (What are you applying for) and	me ion e&
				Non-Shoreland
	leet	4		
Is Property in Floodplain Zone?  XYes	Distance Structure is from Shoreline: feet Distance Structure is from Shoreline:	(incl. Intermittent) -continue	Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain?  If yes	☐ Is Prop Creek or
		6 w Namak	ship 43 N, Range	Section
	Ot Si	1 542 9, 165	Gov't Lot	1/4,1/4
ision:	05-007-53000 Volume	04-034-2-43-06-02-3	cription: (Use Tax Statement)	E
Attached  Attached  Attached  No  Attached  No  Attached  No  Attached  No  Attached  No  Attached  No  Attached	Woodcicst De Recorde	798-3653 L	Signing Application on behalf of Owner(s)	Person
Written Authorization	Plumber:  Agent Mailing Address (include City/State/Zip):	Contractor Phone: 798 - 3653		3
plumber Phone:		1	ا نز	
MN 470-3952	hassey/	a Stone Check DR		owner's Name:
☐ B.O.A. ☐ OTH	□ SPECIAL USE	□ PRIVY □ CONDITIO	▼ X LANDUSE	TYPE OF PERMIT REQUESTED
www.bayf	LOWING LOT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)	8	ed until all fees are paid. ounty Zoning Department. ALL PERMITS HAVE BEEN IS	INSTRUCTIONS: No permits will be issued until all fees are paid.  Checks are made payable to: Bayfield County Zoning Department.  DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
	Refund:	Rayfield On Jonian Park		

Date Date

7-12-

0

Attach
Copy of Tax Statement
Re property send your Recorded ded Deed

If you recently purchased the

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Address to send permit 7

Secretarial Staff

B

Signature of Inspector: Media Juna Hold For Sanitary: A Hold For TBA:		(9)  ance Informit Denied (Drift #: Done)  Is Parcel a St.	Please complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)  (8) Setbacks: (measured to the closest point)  (8) Setback from the Centerline of Platted Road  Setback from the Established Right-of-way  Setback to Driul Platted Road  Setback from the Established Right-of-way  Setback to Privy (Portable, Composting)  Setback to Privy (Portable,	Show Location of:  Show Location of (*):  All Existing Str  (a) Show:  (b) Show any (*):  (c) Show any (*):  (d) Show any (*):  (e) Show any (*):  (f) Wetlands:
Hold For Affidavit: X	Previously Granted by Previously Granted by Previously Granted by Were Property Line Were Property Line Pres   No - (If No they need to be attain	ixpire One (1) Year from the Date of Issuance is ixpire One (1) Year from the Date of Issuance is of Family Dwelling: ALL Municipalities Are Required or Federal agencies may a sanitary Number: 12-82\$  Sanitary Number: 12-82\$  Reason for Denial:  Permit Date: 0-6-10  Mitigation Required us Lot(s))  No Mitigation Attached	Please complete (1) – (7) above (prior to continuing)  Please comp	arion of: North (N) on Plot Plan ition of (*): All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*):  (*) Wetlands; or (*) Slopes over 20%
Date of Approval 19-13 Hold For Fees: □ □ □	(B.O.A.) Cas nited by Owner perty Surveyed	# of bedrooms: Sanitary Date: 8/15/12	Changes in plans must be approved by the Planning & Zoning Dept.  Changes in plans must be approved by the Planning & Zoning Dept.  Changes in plans must be approved by the Planning & Zoning Dept.  Changes in plans must be approved by the Planning & Zoning Dept.  Changes in plans must be approved by the Planning & Zoning Dept.  Changes in plans must be approved by the Planning & Zoning Dept.  Changes in plans must be approved by the Planning & Zoning Dept.  Measurement  Feet the Lake (ordinary high-water mark)  Feet the Bank or Bluff  The Bank or Bluff  Wetland  Wetland  Wetland  Wetland  Wetland  Feet Feet Feet Foodplain  Feet Wetland  Wetland  Wetland  Feet Feet Feet Foodplain  Feet Wetland  Feet Feet Foodplain  Feet Wetland  Wetland  Wetland  Feet Feet Foodplain  Feet Wetland  Feet Feet Foodplain  Feet Wetland  Wetland  Wetland  Feet Feet Foodplain  Feet Wetland  Feet Feet Foodplain  Feet Wetland  Feet Feet Foodplain  Feet Wetland  Feet Feet Feet Feet Feet Feet Feet Fee	ink (HT) and/or (*) Privy (P)

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

a.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

BAYFIELD SEP 052012

Date: Refund: Permit #: Amount Paid: 9.6-IQ \$450.00 **数**分位 9/6/1/2 B THE

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN II

Bayfield Co. Zoning Dept. www.bayfieldco nty.org/zoning/asp)

	_	×	_				vnlain)	Other: (e)			
, in the second	_	×	-	A Principal Control of			Conditional Use: (explain)	Condition			
	_	×	-	100			Special Use: (explain)	Special U			
			-	- Approximate the second secon							
	_	×	-	1111		Alteration (specify)	Accessory Building Addition/Alteration	Accessor			
424	-	X	1		storage	garage 1	Accessory Building (specify)	Accessor	K2	Municipal Use	_
		34 X 30	,			The state of the s	Addition/Alteration (specify)	Addition/			 
かって		7"	1-	The state of the s	- Avenue	te)	Mobile Home (manufactured date)	Mobile H			
1.04	-	×		food prep facilities,	or \( \text{cooking &}	sleeping quarters,	<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	Bunkhous			
11111		   	-			age	with Attached Garage			Commercial Use	
	_	×	<del> -</del>				with (2 <sup>nd</sup> ) Deck				
		×	-	, market			with a Deck				
		: ×					with (2 <sup>nd</sup> ) Porch				
2000	_	×		The state of the s			with a Porch			🗴 Residential Use	×
	_	×									
	J	×				hack, etc.)	(i.e. cabin, hunting shack, etc.)	Residence			
	_	×				ure on property)	principal Structure (first structure on property)	Drincinal s	]		
Square Footage	ins	Dimensions			e	Proposed Structure			``	Proposed Use	
	Height:	I		Width:		Length:			T.	Proposed Construction:	Prop
	Height:	Ŧ		Width:		Length:	is relevant to it)	ng applied for	ermit beir	Existing Structure: (If permit being applied for is relevant to it)	Exist
				□ None					****		
			et				☐ Foundation		Property	P	
		ontract)	ervice c	☐ Portable (w/service contract)	<b>₩</b> None		□ No Basement	ness on	Run a Business on		
on)	n 200 gallo	Vaulted (min 200 gallon)		☐ Privy (Pit) or			☐ Basement	kisting bldg)	Relocate (existing bldg)		
	Conte	cify Type:	its) Spe	X Sanitary (Exists) Specify Type: Conti	1				Conversion		*
≅ Well		Specify Type:			- 1		ŧ	ž	A New Constitution		
□ City			₹	☐ Municipal/City	<b>1</b>	Seasonal	1-Story	T-	Conct	material ** N	
Water	a	What Type of Sewer/Sanitary System Is on the property?	What Type of er/Sanitary Sys on the propert	W Sewer Is or	# of bedrooms	Use	# of Stories and/or basement	oplying for)	Project (What are you applying for)	ion e &	Valu of Co don:
										Non-Shoreland	□No
SX No	XNo	₩.	feet	Distance Structure is from Shoreline:	Distance Struc	Pond or Flowage If yescontinue	汉 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	Land within	Property/	A Shoreland — X ts	Asn
□ Yes	Plant Folie:	i i				St Acometication	Floodplain: 21 %c	Creek or Landward side of Floodplain:	ek or Land		* 2
Are Wetlands	Is Property in	Is Prop	ine :	Distance Structure is from Shoreline:	Distance Struct		liver, S	Land within	Property/	91	
in C	8				Kacjon	Nama Kacjon	N, Range 6 W	43 N.	, Township	Section ///	
TO I	Acreag	on:	Subdivision:	Block(s) No. Si	Lot(s) No.		ot   Lot(s)   CSM	Gov't Lot	_ 1/4	1/4,	
Page(s) <u>334~ 2</u>	Page(	h 801	Volume_	+		4-41-010-Et-E-126-10	(Use Tax Statement) 04-5		Legal Description:	LOCATION Lega	5 T
erty Ownership)	: (i.e. Prope	Document	Recorded			digits)	$\dashv$			ا ا	, c
Written Authorization Attached 図 Yes □ No	Written Al Attached Yes	E H		Agent Mailing Address (include City/State/Zip): 44896 Co. Hwy D, CdM	Agent Mailing Address	<u>ک</u>	- I - D	tion on behalf o	gning Applica	gen	Authorized
hone:	Plumber Phone:				Plumber:	C oue:	Contrac 794	2 H			Contractor:
- 444				,	15870	E (	City/State/Zip:	マスプ	2 2 2	Address of Property:	Address of
794-2117	794-2117	1831	CN	Chle WI	Brille	lightan s	Mailing CO-C	V	Soos	Paul Ge	o Jowner
OTHER	Telephona	□ B.O.A.	Jen	USE SPECIAL USE	CONDITIONAL USE	3	SANI	X LAND USE	160→	TYPE OF PERMIT REQUESTED	түре (
					2011	5. DOW	BEEN ISSUED TO APPLICAT	ERMIIS HAVE	UNTIL ALL P	DO NOT START CONSTRUCTION UNTIL ALL PERVITS HAVE BEEN 1350	DO NOT S

FAILURE TO OBTAIN A PERMIT ON STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Authorized Agent: 10.00 2 2 Rec'd for Issuan (600 are signing on b Owner(s): (If there are Multiple Owne

listed on the

All Owi

must sign or letter(s) of authorization must accompany this application)

Date

<u>o</u>

44890 0

Hwy O E 1 O 83

Date Ø3 30 

Address to send permit

Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the North Lot Line
Setback from the South Lot Line
Setback from the Mast Lot Line
Setback from the East Lot Line Setback to Septic Tank or Holding Tank Setback to **Drain Field** Issuance Information (County Use Only) Permit #: Permit Denied (Date) Please complete (1) - (7) above (prior to continuing) etback to Privy (Portable, Composting)
for to the placement or construction of a structure within ten (10) feet of the market previously surveyor at the owner ior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be arrived by a licensed surveyor at the owner's expense. Granted by Variance (B.O.A.) ⊤Yes ≯No Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Hold For Sanitary: Condition(s):Town, Committe Was Parcel Legally Created Was Proposed Building Site Delineated Signature of Inspector: Mr water under pressure in struct Show any (\*): Show any (\*): Setbacks: (measured to the closest point) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits. ! Mets all 8-3/-/3nmittee or Board Conditions Attached? gon of: your Property (regardless of what you are applying for) 100 A ☐ Yes (Deed of Record) \_ ☐ Yes (Fused/Contiguou ☐ Yes \_\_\_\_\_ Ø Easemen Hold For TBA: North (N) on Plot Plan

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

(\*) Listing Structures on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\*) Wetlands; or (\*) Slopes over 20% **Proposed Construction** XYes □ No (Fused/Contiguous Lot(s)) sotionales. Measurement Reason for Denial: Sanitary Number: 2 Permit Date: 9\_6 Inspected by ⊡ Yes Feet Feet squired setback, the bou Hold For Affidavit: Feet Feet Feet Feet Feet Feet Feet S S S Setback from the Lake (ordinary high-v Setback from the River, Stream, Creek Setback from the Bank or Bluff Mitigation Required │□ Yes Mitigation Attached │□ Yes andary line from which the setback must be meas Previously Granted by Variance (B.O.A.) □ Yes £ No Setback from 20% Slope Area Elevation of Floodplain Setback to Well etback from **Wetland** Were Property Lines Represented by Owner Was Property Surveyed Changes in plans must be approved by the Planning & Zoning Dept. # of bedrooms: Description Hold For Fees: X X N S nigh-water mark ired must be visible from Case #: Affidavit Required Affidavit Attached X Yes X Yes Sanitary Date: Zoning District Lakes Classification Date of Re-Inspection Date of one previously surveyed corner to the MH - 1- Land Measurement ☐ Yes S S X X Feet Feet Feet Feet Feet Feet

